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Application Number	10/817172
Filing Date	April 2 2004
First Named Inventor	Donald P. Bushby
Title	System of Treatment of Plantar Fasciitis
Art Unit	3772
Examiner Name	Tarla R. Patel
Attorney Docket Number	Plantar Fasciitis

I hereby revoke all previous powers of attorney given in the above-identified application.

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☒ Firm or Individual Name Glenn L. Webb

Address P.O. Box 951

City Conifer State CO Zip 80433

Country USA

Telephone 303-816-4893 Email glenn@webbpatlaw.com

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☒ Applicant/Inventor.

OR

☐ Assignee of record of the entire interest. See 37 CFR 3.71.

Statement under 37 CFR 3.73(b) (Form PTO/SB/96) submitted herewith or filed on _____

SIGNATURE of Applicant or Assignee of Record

Signature	<i>Donald P. Bushby</i>	Date	Dec 3, 2008
Name	Donald P. Bushby	Telephone	+1 (713) 299-7263
Title and Company			

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.☐ Total of _____ forms are submitted.

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